# 2026 – 2027
# International Student Health Insurance Plan
# Shorelight Affiliated - Gonzaga Global

## Who can enroll?

All international students taking one or more credit hours are required to enroll in this insurance plan on a mandatory basis. All international students are required to have a J-1, F-1, or M-1 Visa.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium..

U.S. citizens and residents are not eligible for coverage as a student.

## Plan resources at your fingertips

| | |
|---|---|
| View benefits, submit a claim and download your ID card via My Account | **uhcsr.com/myaccount** |
| Find an in-network provider | **Options PPO** |
| Find a prescription drug provider | **Optum Rx** |
| Value-added benefits and services (Student Assist[1], HealthiestYou[2], UHC Global[3]) | **uhcsr.com/myaccount** |
| If you need language assistance: | **Language Assistance** |

## Coverage periods, plan cost and deadline dates

| | Annual |
|---|---|
| Coverage dates | 08/15/26 - 08/14/27 |
| Student | $2,300 |

## Plan highlights

**Student Health Center Benefits:** The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center. Policy Exclusions and Limitations do not apply.

| Benefits | Preferred Providers | Out-of-Network Providers |
|---|---|---|
| **Overall Plan Maximum** | No Overall Maximum Dollar Limit (Per Insured Person, Per Policy Year) | |
| **Plan Deductible** | $100 per Insured Person, per Policy Year | $200 per Insured Person, per Policy Year |
| **Coinsurance**<br>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan Certificate. | 90% of Allowed Amount for Covered Medical Expenses | 70% of Allowed Amount for Covered Medical Expenses |
| **Out-of-Pocket Maximum**<br>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan Certificate for details about how the Out-of- Pocket Maximum applies. | $2,500 (Per Insured Person, Per Policy Year) | $5,000 (Per Insured Person, Per Policy Year) |
| **Prescription Drugs**<br>Prescriptions must be filled at a UHCP network pharmacy. | $10 Copay per prescription for Tier 1<br>$20 Copay per prescription for Tier 2<br>$40 Copay per prescription for Tier 3<br>$40 Copay per prescription for Specialty<br>Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy<br>not subject to Deductible | $10 Copay per prescription generic drug<br>$20 Copay per prescription brand-name drug<br>100% of billed charge<br>up to a 30-day supply per prescription<br>not subject to Deductible |
| **Preventive Care Services**<br>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Preventive care limits apply based on age and risk group. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. | 100% of Allowed Amount | 80% of Allowed Amount<br>after Deductible |
| **The following services have per service copays**<br>This list is not all inclusive. Please read the plan Certificate for complete listing of Copays. | Physician's Visits: $10 not subject to Deductible<br><br>Urgent Care: $10 not subject to Deductible | Urgent Care: $10 not subject to Deductible |

# Questions about your plan?

Contact Customer Service at **1-888-251-6253** or at **customerservice@uhcsrinternational.com**

[1]Student Assist services are provided through OptumHealth Behavioral Solutions and OptumHealth Care Solutions, UnitedHealth Group companies. The Student Assist is not a substitute for medical attention. If you have an emergency medical condition, you should call 911 or your local emergency services number. [2]HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services. [3]Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

 This plan is underwritten by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company, Governors Square, Building 4, 2nd Floor, 23 Lime Tree Bay Avenue, P.O. Box 1051, Grand Cayman, Cayman Islands. This plan is based on policy number 2026-203874-91. Available through SR International and issued to Client Name under policy number 2026-203879-91. The Policy is a Non-Renewable One Year Term Policy. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to www.uhcsrinternational.com. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is not an insurance Policy document and your receipt of this document does not constitute the issuance or delivery of a Policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. The rates referenced are applicable to the plan design. UnitedHealthcare Student Resources may require to change the rates and/ or the plan design to comply with federal or state laws, regulations, or direction.

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